

Name
in
Full

John Biddle

CERTIFICATE OF DEATH

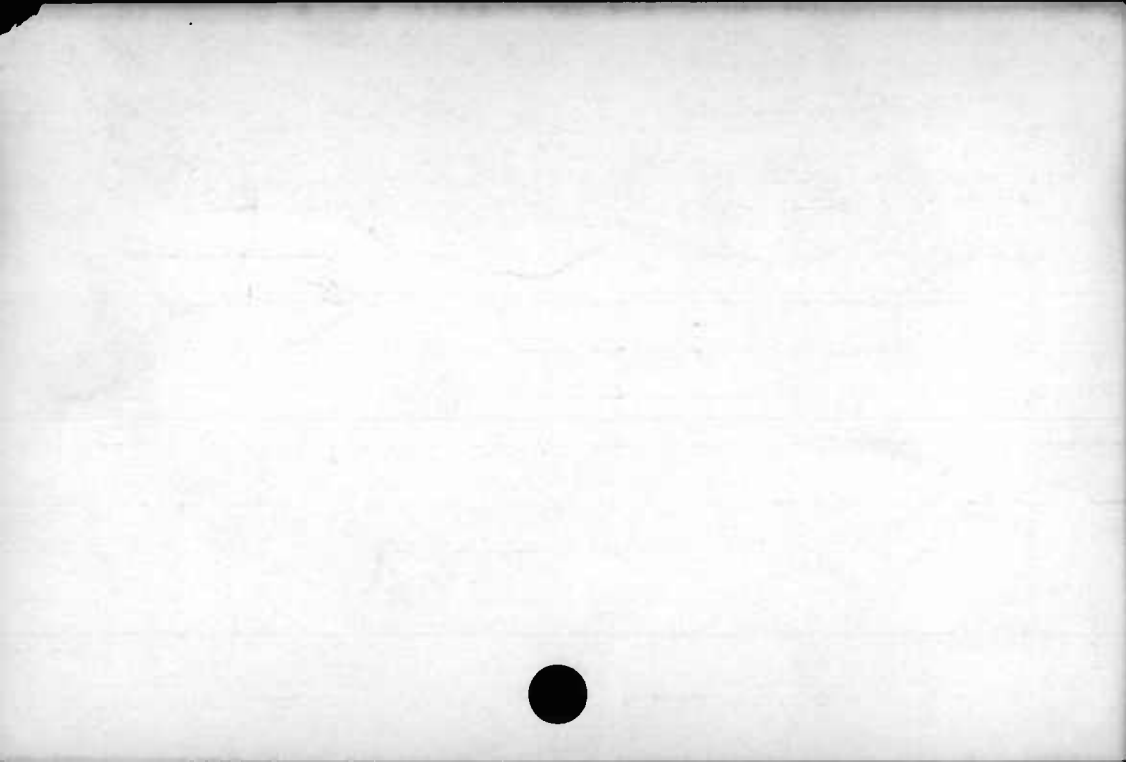
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Ridgely</i> ^{Town}		<i>Caroline</i> ^{County}		MARYLAND	
Date of death 190 <i>2</i> ^{Month} <i>Sept.</i>		Day <i>14</i>		Years <i>61</i>	
Sex <i>Male</i>		Color or Race <i>white</i>		Birth-place <i>Ind.</i>	
Married, Single or Widowed <i>Widower</i>		Occupation <i>Farmer</i>			
Name of Wife or Husband _____					
Father's Name				Father's Birthplace	
Mother's Maiden Name				Mother's Birthplace	
Name of person giving information <i>John Biddle</i>				How related to deceased <i>Son</i>	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Nephritis</i>		How long <i>7 years.</i>
Immediate <i>Dropsy - Exhaustion</i>		How long <i>4 months -</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>J. C. Madara</i>
		Address <i>Ridgely Ind.</i>
Accident or Suicide? _____		



Name in Full

Certificate of Death

Mary Francis Bulach

Town

County

Denton

Caroline

MARYLAND

Died at

Date

1903

Month

Day

Y.

M.

D.

Native of

Occupation

Date

September 6

Age

1 1 6

Caroline

~~Male~~

White

~~Married~~~~Widow~~~~Divorced~~

Female

~~Colored~~

Single

~~Widower~~

Number of children living

Husband
of

Wife

Father's
NameMother's
Name

C. H. Bulach

F. H. Bulach

Cause of

Primary

Pneumonia

How long sick

10 days

Death

Immediate

14

Accident, Suicide, Homicide

Reported by

S. Howell C. undertaker

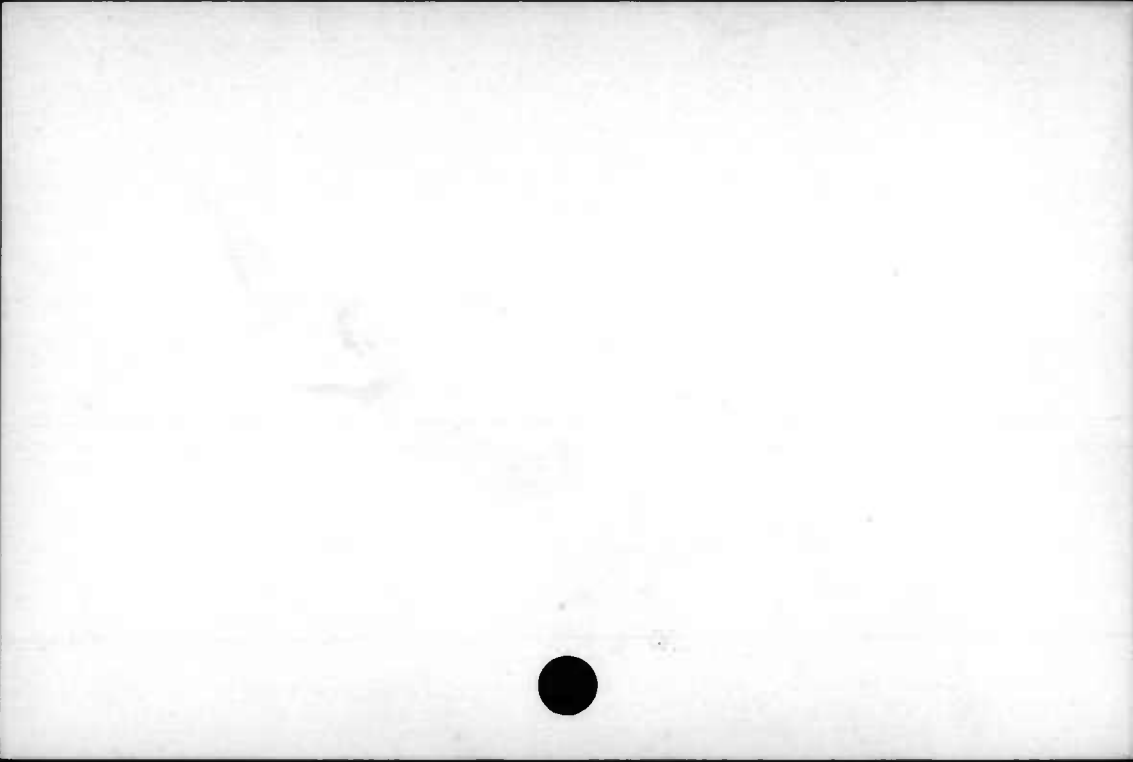
Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 1900



Name in Full		CERTIFICATE OF DEATH				
TO BE ANSWERED BY NEAREST FRIEND	John Lefkas		County 1		MARYLAND	
	Died at Federalburg		Caroline			
	Date of death 1902	Month Sep	Day 14	Age 39	Months	Days
	Sex male	Color or Race black		Birth- place md		
	Married, Single or Widowed widower		Occupation merchant			
	Name of Wife or Husband					
	Father's Name			Father's Birthplace		
	Mother's Maiden Name			Mother's Birthplace		
Name of person giving in formation			How related to deceased			
<div style="border: 1px solid black; padding: 5px; text-align: center;">CAUSES OF DEATH</div>						
PHYSICIAN OR CORONER	Primary			How long		
	Phthisis			3 years		
	Immediate			How long		
	Are the name, age, sex, color, date and place correctly given above?			yes		
			Signature of Physician R Kemp Jefferson			
			Address Federalburg md			
Accident or Suicide?						



Name in Full		Edith M. Christopher				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND		Died at		Town Near Newton	County Caroline	MARYLAND		
		Date of death 190		2	Month 9	Day 18	Age 1	Years 3
		Sex		Female		Color or Race	White	
		Married, Single or Widowed		Single		Occupation		
		Name of Wife or Husband		None		Birth-place		Newton Md.
		Father's Name		Wm. R. Christopher		Father's Birthplace		Md.
		Mother's Maiden Name		Susie H. Hopkins		Mother's Birthplace		Md.
TO BE ANSWERED BY PHYSICIAN OR CORONER		Name of person giving information		Grandfather Christopher		How related to deceased		
		CAUSES OF DEATH		105				
		Primary		Catarrh of Bowels		How long		3 months
		Immediate		Exhaustion		How long		
		Are the name, age, sex, color, date and place correctly given above?		yes		Signature of Physician		J. L. Hobbs
				Address		Preston Md.		
		Accident or Suicide?						



Name in Full

Certificate of Death

Died at

Date 1902

~~Male~~

Female

Husband
of
WifeFather's
Name

Cause of

Primary

Death

Immediate

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Mary A. Edge

Town

County

Henderson

Caroline

MARYLAND

Month

Day

Y.

M.

D.

Native of

Occupation

9

29

Age

75

Del

Lady

White

~~Colored~~~~Married~~~~Single~~~~Widow~~~~Widower~~~~Divorced~~

Number of children living

4

Mother's

Maiden Name

Consumption

27

How long sick

11 years

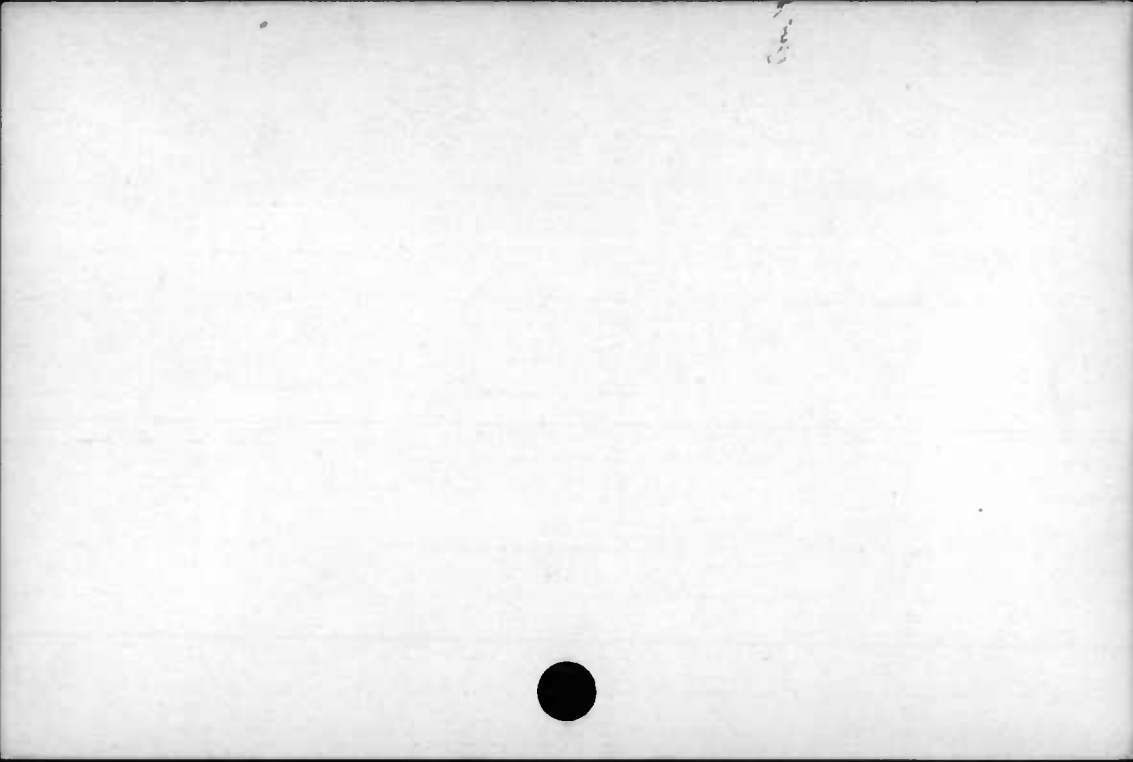
Accident, Suicide, Homicide

Jas. E. Graham M.D.
Ingleside Md

LIBRARY BUREAU, 70808



Name in Full		Mrs Ida Fountain				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND	Died at	Denton ^{Town}		Caroline ^{County}		MARYLAND		
	Date of death 1902	Month	Day	Age	Years	Months	Days	
		Sept. 14	12	46	46	-	-	
	Sex	Female		Color or Race	White		Birth-place	Maryland
	Married, Single or Widowed	Widow		Occupation	Housekeeper			
	Name of Wife or Husband	Charles A Fountain						
	Father's Name	Carrow				Father's Birthplace	Maryland	
	Mother's Maiden Name	Anne Brown				Mother's Birthplace	Maryland	
TO BE ANSWERED BY NEAREST FRIEND	Name of person giving Information	R. E. Fountain				How related to deceased	Both Law	
CAUSES OF DEATH								
PHYSICIAN OR CORONER	Primary	Malicious			113	How long	3 weeks	
	Immediate	Exhaustion			a	How long	One day	
	Are the name, age, sex, color, date and place correctly given above?		yes		Signature of Physician			
					Address			
					Denton Caroline Co			
Accident or Suicide?		natural		Maryland				



Name
in
Full

CERTIFICATE OF DEATH

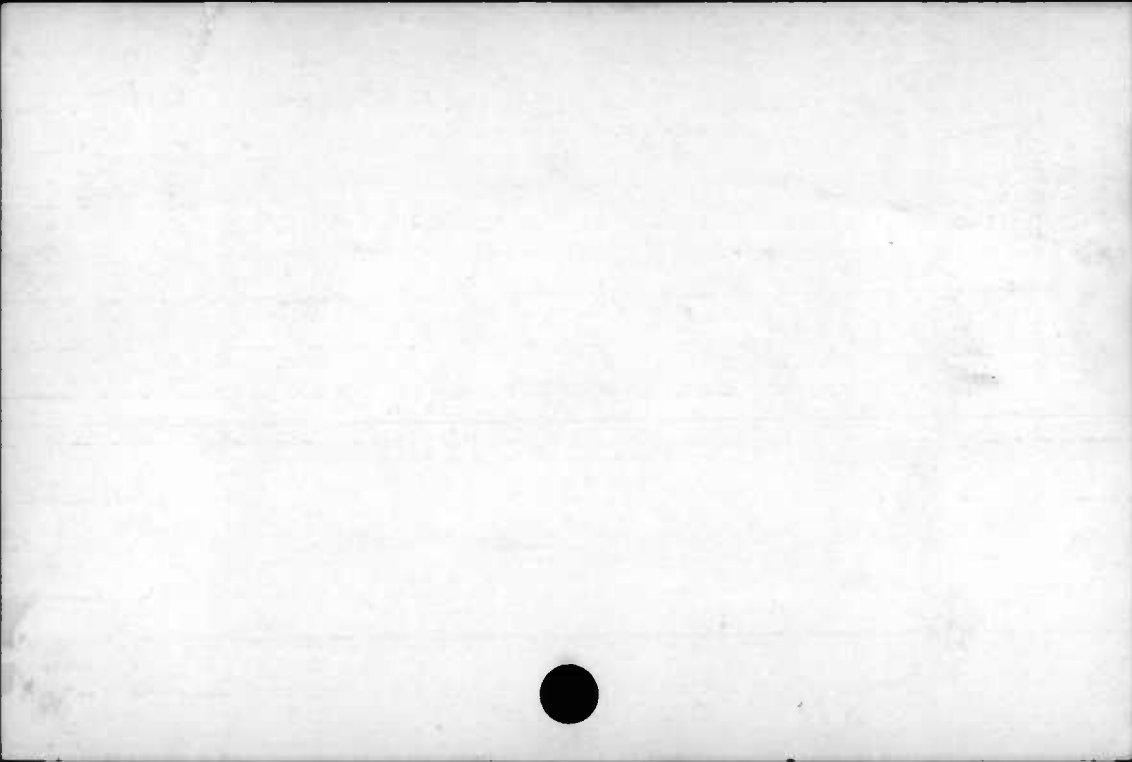
TO BE ANSWERED BY
NEAREST FRIEND

Name in Full Capt Joseph Griffith		Town Denton		County Leannh		State MARYLAND	
Died at		Date of death 1902		Month 9		Day 18	
Age 110		Years		Months		Days	
Sex Male		Color or Race white		Birth-place Near Denton			
Married, Single Widowed		Occupation Ret'd 2 waterman					
Name of Wife Husband Linda Lyons		Father's Name Noble Griffith					
Father's Birthplace Denton		Mother's Birthplace Nob known					
Mother's Maiden Name Nob known		How related to deceased none					
Name of person giving information A. B. Gross							

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Paralysis		How long 7 days	
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician O. J. Maachip	
To my best judgment		Address Denton Maryland	
Attest on July 1897			



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

CERTIFICATE OF DEATH

MARYLAND

James Jester
Died at *Groer* Town *Anolim* County
Date of death 1902 *Sept* Month *28* Day *72* Years *72* Months Days
Sex *male* Color or Race *White* Birth-place *Md.*
Married, ~~Single~~ *yes* or Widowed Occupation *Farmer*
Name of Wife or Husband *Mary E. Jester*
Father's Name *Peter Jester* Father's Birthplace *Md.*
Mother's Maiden Name *Matilda Quehrn* Mother's Birthplace *Md.*
Name of person giving information *Isaac Jester 79* How related to deceased *Brother*

CAUSES OF DEATH

Primary *Heart, valvular disease* How long *Two years*
Immediate *Failure* How long *3 weeks*
Are the name, age, sex, color, date and place correctly given above? *yes* Signature of Physician *J. L. Hobbs*
Address *Boston Md.*
Accident or Suicide?



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Boston</i> Town		<i>S. Caroline</i> County		MARYLAND	
Date of death 190	<i>2</i> Month	<i>14</i> Day	Age <i>73</i> Years	Months	Days
Sex <i>male</i>	Color or Race <i>White</i>		Birth-place <i>Dor. Co. Md.</i>		
Married, Single or Widowed <i>Married</i>	Occupation <i>Fruit Grower</i>				
Name of Wife or Husband <i>Julia</i>					
Father's Name <i>Joshua Kelley</i>			Father's Birthplace <i>Md.</i>		
Mother's Maiden Name <i>Son Wm. T. Kelley</i>			Mother's Birthplace <i>Md.</i>		
Name of person giving information			How related to deceased		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Typhoid Fever</i>	How long <i>5 weeks</i>
Immediate <i>Exhaustion</i>	How long <i>One week</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>J. L. Hobbs</i>
	Address <i>Boston Md.</i>
Accident or Suicide?	



Name
in
Full

Andrew Gouers

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Denton</i>		County <i>Caroline</i>		MARYLAND	
Date of death 190 <i>2</i>	Month <i>Sept</i>	Day <i>6</i>	Years <i>74</i>	Months <i>-</i>	Days <i>-</i>
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Mayland</i>	
Married, Single or Widowed <i>Widower</i>			Occupation <i>Retired</i>		
Name of Wife or Husband					
Father's Name				Father's Birthplace	
Mother's Maiden Name				Mother's Birthplace	
Name of person giving information				How related to deceased	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Heart trouble</i>	How long <i>3 years</i>
Immediate <i>Heart failure</i>	How long <i>Immediate</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Emuel George</i>
	Address <i>Denton Caroline Co</i>
Accident or Suicide? <i>Sudden</i>	<i>Mayland</i>



Name
in
Full

Eva Morse

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Federalburg</i> <small>Town</small>		<i>Caroline</i> <small>County</small>		MARYLAND	
Date of death 190 <i>2</i> <small>Month</small>	<i>Sep</i> <small>Day</small>	Age <i>1</i> <small>Years</small>	<i>2</i> <small>Months</small>	<i>2</i> <small>Days</small>	
Sex <i>female</i>	Color or Race <i>white</i>	Birth-place <i>md</i>			
Married, Single or Widowed <i>Single</i>		Occupation <i>—</i>			
Name of Wife or Husband <i>—</i>					
Father's Name <i>Wm Morse</i>			Father's Birthplace <i>Pa</i>		
Mother's Maiden Name <i>Mary Philharty</i>			Mother's Birthplace <i>md</i>		
Name of person giving information <i>—</i>			How related to deceased <i>—</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>105</i>	How long
Immediate <i>Marasmus</i>		How long <i>1 month</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>R Kemp Jefferson</i>	
	Address <i>Federalburg md</i>	
Accident or Suicide? <i>—</i>		



Name
in
Full

John Parker

CERTIFICATE OF DEATH

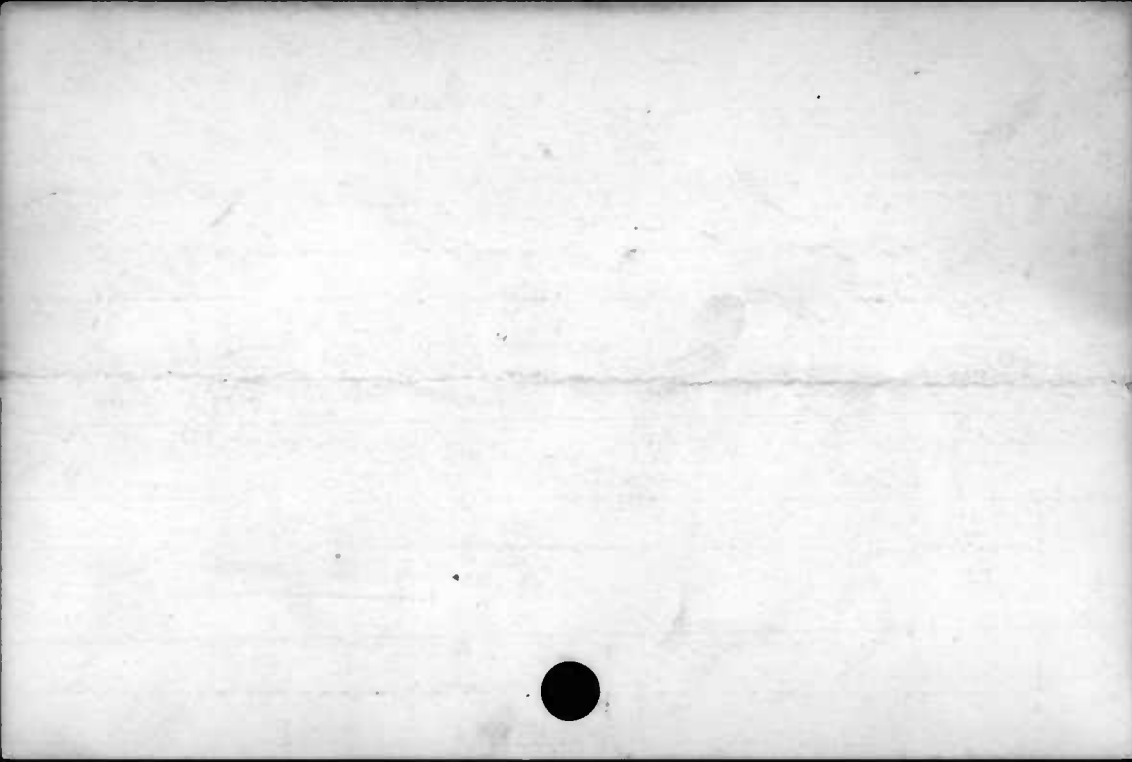
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death 1902		Month	Day	Age	Years	Months	Days
2		Sep.	24	4			5
Sex		Color or Race		Birth-place			
Female		Dark		Baltimore			
Married, Single or Widowed				Occupation			
married							
Name of Wife or Husband							
Anna Parker							
Father's Name						Father's Birthplace	
Loyal Parker						acammackva	
Mother's Maiden Name						Mother's Birthplace	
Annae Bonclick						acammackva	
Name of person giving information						How related to deceased	
J H Ross							

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Dysphoid fever	How long	Two weeks
Immediate	Pneumonia	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
yes		J. D. Hadaway	
		Address	
		Freeling Creek Md.	
Accident or Suicide?			



Lundell Scott

Town

County

MARYLAND

Died at 1400 Greensboro Caroline

Date 1902
 Month 9 Day 13 Y. 2 M. 2 D. 2 Native of Del Occupation
 Male White Married Widow Divorced
 Female Colored Single Widower Number of children living

Husband
of

Father's Name Amos Scott Mother's Name Virgie Johnson
 Cause of Death Primary Cholera morbus How long sick 12 hours
 Immediate Exhaustion 106 Accident, Suicide, Homicide

Reported by Geo. W. Belton M. D.

Address Greensboro - Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Baby Robt. Smith

Died at *Hillbrow* *Caroline* *MARYLAND*

Date 19 *02* *9* *28* Age *0* *3* *11* *Ind* *Ind* *Ind*

Male *White* Married *Widow* Divorced *Ind*

~~Female~~ Colored *Single* Widower *Number of children living*

Husband of *Ind*

Wife *Ind*

Father's Name *Robt Smith* Mother's Maiden Name *Mary Washer*

Cause of *Primery* *Pneumonia* *3 days*

Death *Immediate* *93* *Accident, Suicide, Homicide*

Reported by *Robt Hackett and*

Address *Queen Anne Ind*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898



Name in Full *Thos. D. C. Vannoy*

CERTIFICATE OF DEATH

MARYLAND

Died at *Williston* ^{Town} *Barlowe* ^{County}

Date of death 190 *21* Month *7* Day *22* Age *62* Years Months *—* Days *—*

Sex *Female* Color or Race *white* Birth-place *Del*

Married, Single or Widowed *Single* Occupation *—*

Name of Wife or Husband *—*

Father's Name *—*

Father's Birthplace *—*

Mother's Maiden Name *—*

Mother's Birthplace *—*

Name of person giving information *—*

How related to deceased *—*

CAUSES OF DEATH

Primary *Paralysis* *66* How long *2 years*

Immediate *Exhaustion* How long *—*

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Enoch George MD
Denton Md

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

